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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
536059	Freedom Transport, Inc.			
3. Street Address Principal Business Office		City	State	Zip
5 Hawthorne Avenue		Cranston	RI	02910
4. Business Phone No.	5. State of Incorporation			
401-215-4544	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Transportation				

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Jose P. Calouro			Manny P. Calouro		
Street Address			Street Address		
44 Ryapple Lane, Apt B			315 Slater Avenue		
City	State	Zip	City	State	Zip
Palm Coast	FL	32164	Providence	RI	02906
Secretary Name			Treasurer Name		
Jose P. Calouro			Jose P. Calouro		
Street Address			Street Address		
44 Ryapple Lane, Apt. B.			44 Ryapple Lane, Apt B		
City	State	Zip	City	State	Zip
Palm Coast	FL	32164	Palm Coast	FL	32164

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300		No Par Value
THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jose P Calouro 3-2-2015
Signature *Date*

Jose P. Calouro
Print or Type Name

President
Title

[redacted]

File Date
Check No.
By:
117850-54-1029918
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 05 2015
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Form 630 Rev. 08/08